

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010302

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 11

Primary Registration District No. 5053

Registrar's No. 16

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>BARRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>BARRY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SHELL KNOB TWP.</b>		c. CITY OR TOWN <b>SHELL KNOB</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give local address) HOSPITAL OR INSTITUTION <b>5 MI. South Shell Knob</b>		d. STREET ADDRESS (If outside, give location) <b>5 MI. So. Shell Knob</b>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>SUE</b> Middle <b>CLOW</b> Last <b>SEYMOUR</b>		4. DATE OF DEATH Month <b>3</b> Day <b>9</b> Year <b>63</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/13/80</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Y.W.O.A. Work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>YWCA</b>	9. AGE (last birthday) <b>82</b> IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HR: Hours <input type="checkbox"/> Min. <input type="checkbox"/>
11a. FATHER'S NAME <b>Robert D. CLOW</b>		11b. MOTHER'S MAIDEN NAME <b>Jessie Kane</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>Vera G. CLOW, Shell Knob, Mo. Star F</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Lobar Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH: but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <b>Barry Co.</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>3-8-63</b> to <b>3-9-63</b> and last saw her alive on <b>3-8-63</b>		Death occurred at <b>3:00</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>H. H. Johnson D.O.</b>		22b. ADDRESS <b>Cassville, Missouri</b>	
22c. DATE SIGNED <b>3-11-63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>3/12/63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Viola Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Barry Co., Mo.</b>		24. FUNERAL DIRECTOR <b>D.E. Williamson, Cassville, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>Mar 11-63</b>		26. REGISTRAR'S SIGNATURE <b>Grace Williams</b>	

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Wyle E. Williams*  
Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. 4883  
P. O. Address Cassville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

*Funeral Permit obtained Mar 11-1963*